STATE OF NEW HAMPSHIRE



PLEASE PRINT

2018 Statement of Income and Expenses RECEIVED for LOBBYISTS

(RSA Chapter 15)

JUL 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's	partnership, firm or corporation, if a	ıny:	
	e Products Association	•	
	of partnership, firm or corporation)		
1625 I "Eye" St., NW	Washingtor	n DC	20006
Business Address: (Stre		(State)	(Zip Code)
(202) 429-3524	2) 429-3524 (202) 429-3537 c-mail smoore@chpa.d		@chpa.org
(Telephone)	(Fax		
reportable expense tra	vers: (Choose one - file separate repo insactions which are not attributable	to any one client).	
All reportable trans	actions occurring in the months prior to	the reporting date relative to	the following client:
Consumer Healthcar	e Products Association		
	(Full Name of Client as it appears on the L	obbyist Registration Form)	
OR All reportable transaunrelated to any particu	ctions by the lobbyist (including the lo	bbyist's family), or the lobby	ing firm listed below which are
IV. Date of Report	April 25, 2018 🛘	July 25, 2018 🛚	
	y from date of registration to 3/31/18	activity from 4/1/18 to 6/30/	′18
•	October 31, 2018 🗹	January 30, 2019]
4	ctivity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/	/31/18
V. There have been If this box is checked, c Concord, NH 03301.	no fees received and no reportabl omplete just this form and submit it to t	le transactions made since the Secretary of State's Office	e the last report. ② 2, State House, Room 204,
VI. Check if additions	I reports are attached:		
	d fees or made expenditures, you must	file Addendum A- Fees and	Expenses
-	honorarium or reimbursed expenses, y		
☐ If you, your firm, o	r your family has made political contri	butions, you must file Adden	dum C- Political Contribution
and complete to the bes	rmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and st of my knowledge and belief.	hereby swear or affirm that th	